

CHILDREN'S ADMINISTRATION
**APPLICATION FOR FAMILY HOME
CARE FOR CHILDREN IN OUT OF
HOME PLACEMENTS**

1. License control id number (for OFCL use only)	2. Date application received
3. Name of private agency:	4. CAMIS case number:

5. Type of Application: Check all that Apply

☐ New -Foster Care ☐ Renewal-Foster Care ☐ Moved New License ☐ Adoption ☐ Relative Care

6. APPLICANT NUMBER 1		7. APPLICANT NUMBER 2	
NAME: (Last, First, Middle)		NAME: (Last, First, Middle)	
MAIDEN NAME: (If applicable / Former married name(s))		MAIDEN NAME: (If applicable / Former married name(s))	
RELIGIOUS PREFERENCE (If any)	OCCUPATION:	RELIGIOUS PREFERENCE (If any)	OCCUPATION:
EDUCATION: (Highest grade completed)	YEARLY INCOME (Gross):	EDUCATION: (Highest grade completed)	YEARLY INCOME (Gross):
8. STREET ADDRESS:		CITY:	STATE: ZIP CODE:
9. MAILING ADDRESS:		CITY:	STATE: ZIP CODE:
10. TELEPHONE NUMBERS (Include Area Code)		11. PLACEMENT PREFERENCE: <input type="checkbox"/> No Preference OR:	
Work: _____		Number: _____ From Age: _____ Up to: _____	
Home: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either	
Cell Phone: _____		Specific Child(ren): _____	
Pager: _____		Relationship to Child(ren): _____	
E-mail address: _____			

12. NAMES OF NEAREST SCHOOLS:
Elementary: _____ Middle/Jr. High School: _____ High School: _____

13. PERSONS LIVING IN HOUSEHOLD (INCLUDING SELF) ATTACH ADDITIONAL SHEET IF NEEDED.

NAME (First & Last)	BIRTHDATE	RELATIONSHIP TO APPLICANT (S)	RACE	ETHNICITY	SOCIAL SECURITY NUMBER
1.					
2.					
3.					
4.					
5.					
6.					
7.					

14. Are there other persons living in dwellings on your property ☐ Yes ☐ No

15. Character References (No more than 1 reference can be related to you)

NAME (First and Last)	COMPLETE ADDRESS (Including Zip Code)	RELATIONSHIP TO APPLICANT(S)	TELEPHONE NUMBER (Include Area Code)

PLEASE ANSWER THE FOLLOWING QUESTIONS

	Applicants				Other	
	1		2		Yes	No
	Yes	No	Yes	No	Yes	No
16. For those in the household who drive:						
A. Do you have a valid drivers license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are there any restrictions on your license? If yes what? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Do you have automobile liability/medical insurance? (Please attach current copy showing amounts of coverage and expiration date)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has applicant or any other member of the household:						
A. Had a serious injury, illness or hospitalization during the past year, or currently taking medication or have a history of mental or physical limitations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Been found to be a perpetrator of child abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Engaged in the illegal use or sale of drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Been told that they have a problem with alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Been denied a license to care for children or adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Had a license to care for children or adults suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Ever applied for a home license before? Where? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Have you applied to adopt a child before? Where? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We/I further certify that the above information and required attachments are true and complete to the best of my (our) knowledge. Failure to truthfully disclose all relevant information may be grounds for denial of this application or revocation of a license.

We/I give permission for DSHS/Private Agencies to contact references listed in this application **and** to discuss issues relevant to my (our) application for adoption services/foster care license/relative placement.

We/I understand that DSHS will do a criminal history record check and a check of DSHS files of abuse and neglect for all persons applying.

Applicant 1 Signature: _____	Date: _____
Applicant 2 Signature: _____	Date: _____

NOTE: WAC 388-148-0095 of the Washington Administrative Code provides that OFCL may deny, suspend, revoke, or not renew a license for misrepresentation or material omissions on this application.

INSTRUCTIONS

These instructions are for the application for relative placements, foster care licensing, and an adoption home study. The Department does not discriminate based upon ethnicity or religion.

1. **License Control Number:** For DSHS agency use only.
2. **Date application received:** For DSHS agency use only.
3. **Name of Private Agency (if any):** If you are applying to a private agency, enter name of the private agency.
4. **CAMIS Case #:** For DSHS agency use only.
5. **Type of application:** Check all box (s) that apply to the service/s that you are interested in providing.
- 6-7 **Applicant(s) Name(s):** Enter your complete name(s), last name, first name, and middle name(s) and/or initial(s). An application for foster care license, adoption home study and relative placements for children must be made by both husband and wife if they are living together and are legally married. In the case of unmarried adults living together, and who will share equally in the care of children, both should be listed as applicants. Enter only names of person(s) applying. Names of other members of the household who are not applicants should be entered in section 13 (persons living in household).

Religion:	Enter religious affiliation for each applicant.
Occupation:	Enter the occupation for each applicant.
Education:	Enter the highest grade completed for each applicant.
Yearly income:	Enter the yearly gross income for each applicant.

8. **Address:** Enter your home address.
9. **Mailing address:** Enter your mailing address if different than your home address.
10. **Telephone Numbers:** Enter telephone numbers for each applicant including area code (work, home, cell phone, or pager. If you have no phone, place an "X" in space provided.
Email address: Please provide your personal email address if you have one.
11. **Placement Preference:** Please indicate the number, age, and gender of children you are interested in having placed into your home. If you have no preference, mark "either" and "no age preference". If you are applying for a specific child/ren please provide the child/ren's name(s), including applicant's relationship to the child. For example grandparent, step-relation, godparent, second cousin, friend of family, forster parent, etc.
12. **Names of Schools:** Enter the names of the schools that are nearest to your home (elementary, middle/Jr. High and Sr. High schools).
13. **Persons Living In Household (Including Self):** Starting with the applicants first, enter names and birth dates, and their relationship to the applicant (For example, spouse, son, daughter, mother, foster child, boarder etc.). If the child you are applying for is already residing in your home, include that person here. Include the social security number of all persons living in the home. The social security number is required for applicants.

For Race, Indicate all that apply to each person: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, Caucasian, Chinese, Filipino, Japanese, Korean, Vietnamese, Samoan, Guamanian or Chamorro.

Ethnicity: If you are Spanish/Hispanic/Latino indicate with one of the following ethnicity's: Cuban; Mexican, Mexican American or Chicano; Puerto Rican; Other Spanish/Hispanic/Latino.

Attach additional paper if necessary.

14. Please place an "X" in the appropriate box to indicate if there are other people that reside on your property but not in the home.
15. **Character References:** List names, addresses, and phone numbers of four people who know you well and can attest to your ability to provide care for children. You may use only one relative as a reference. Your social worker may ask for additional references.

16. (A-C) DRIVER'S LICENSE: For any person in your home who drives, indicate if they have a valid driver's license and liability insurance. Liability insurance is required for all vehicles used in transporting children placed in your care.
17. (A-K) Place an "X" in the appropriate boxes.
For the questions below, if "yes" is marked for either applicant or other adults (all persons over the age of 18) living in the home, please provide a description of the circumstance on additional paper and attach to the application. The indication of a "yes" answer may not disqualify you. You will have an opportunity to discuss your answers.

Please review the completed application. Have you attached statements explaining your answers if your answer was "Yes" to questions 17(A-K)?

Applicant(s) need to sign and date the application before submission.

Completion of this form does not guarantee that the applicant will be approved.

Thank you for your time and patience. If you have any questions, or need assistance in completing this form, please contact your agency.